# **Contact Lens Agreement**

## **Routine Vision Exams- \$150**

- Required ever 24 months (or every 12 months if you are under 18 years of age)
- Cost of this exam is \$150 and may or may not be covered by your insurance.

#### **Contact Lens Fitting and Fee**

The goal of this service is to find the most appropriate Contact Lens for your optimal vision and comfort. Included in this service are the selection and trial fittings necessary to determine the correct lens for you. Also included in the cost, is the training and instruction for proper insertion, removal and handling of your Contact Lenses. Fee is due at the time of service.

### **Cost for Fitting Fee**

Single Vision \$75
Toric \$125
Bifocal \$150
Mono Vision \$150
Specialty Lenses variable

#### **Annual Contact Lens Renewal - \$50**

This is required every 12 months and is an examination specific to your eye health as a Contact Lens wearer. This is not part of a Routine Vision Exam. Fee is due at the time of service.

If you wish to have your Contact Lens Rx filled elsewhere you will need to comply with the Routine Vision Examination and Annual Contact Lens Renewal or Fit requirements. Your prescription will be written to expire 1 year from the time of your most recent Annual Contact Lens Renewal or fit. If you would also like a current Spectacle prescription this is a separate service. It can be combined with the Annual Contact Lens Renewal and is an additional \$35 charge. You must inform the staff of your expectations at the time you make your appointment. All fees and cost must be paid in full before your will be given your Rx.

# Contact Lenses must be paid for in full before they will be dispensed.

We will bill your insurance for your lenses and professional services only at your request and at the time of your appointment or when placing a Contact Lens order. Insurance billing does not guarantee payment or relieve you of charges incurred.

Signature and Date		